

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

7373

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1500

BIRTH NO.

CE OF DEATH
AND
AL RESIDENCE

1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 1 1/2 yrs. IN ARIZONA 39 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Pima	
C. CITY OR TOWN Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tucson <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Elks Hospital (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS Elks Hospital	

EDENT
PERSONAL
DATA

3. NAME OF DECEASED (TYPE OR PRINT) Walter W. Bond			A. (FIRST) W. B. (MIDDLE) Bond C. (LAST)			4. SEX M 5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		
6B. NAME OF SPOUSE			7. DATE OF BIRTH MONTH 1 DAY 31 YEAR 85		8. AGE (IN YEARS LAST BIRTHDAY) 77		IF UNDER 1 YEAR MONTHS - DAYS -		IF UNDER 24 HRS. HOURS - MIN. -	
9B. KIND OF BUSI- NESS OR INDUSTRY Illinois			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		13. SOCIAL SECURITY NO. 526-01-9351	
14A. FATHER'S NAME John W. Bond			14B. BIRTHPLACE (STATE OR COUNTRY) Missouri		15A. MOTHER'S MAIDEN NAME Mattie Ellen Pittman			15B. BIRTHPLACE (STATE OR COUNTRY) Illinois		
16. INFORMANT'S SIGNATURE Elks Hospital Records, Tucson, Arizona						17. DATE OF DEATH August 13 1962		18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		

3374
CAUSE
OF
DEATH
(ITEM 18)

18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Cerebral thrombosis DUE TO (B) Cerebral arteriosclerosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 5 days 10 years	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

ERATIONS,
AUTOPSY

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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EDICAL
TIFICATION
7101
DEATH
DUE TO
EXTERNAL
VIOLENCE

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 11, 1962 TO Aug 13, 1962 THAT I LAST SAW THE DECEASED ALIVE ON Aug 12, 1962 AND THAT DEATH OCCURRED AT 8:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE Thomas M. Foreman, M.D.		22B. ADDRESS 116 N. Tucson Blvd. Tucson		22C. DATE SIGNED 8-13-62	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	

ORONER'S
TIFICATION

24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
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FUNERAL
DIRECTOR
AND
EGISTRAR

25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 8-13-62		25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
26A. DATE REC. BY LOCAL REG. 8/13/62		26B. REGISTRAR'S SIGNATURE South F. Fisher		27A. FUNERAL DIRECTOR'S SIGNATURE Adair Funeral Home		27B. ADDRESS 1050 N. Dodge Blvd.	
		28A. EMBALMER'S SIGNATURE Arthur J. Eldon		28B. EMBALMER'S CERT. NO.		260-1	